

General New Patient Information

MASSAGE

Patient_____

Cell#_____ Home#_____

Address_____

City_____ ST_____ Zip_____

E-Mail (please print)_____

Date of Birth_____ Age_____

Married_____ Single_____

Employer_____

Occupation_____ Health Ins (Y or N) _____

How did you hear about us?_____

A number of health insurances or flexible spending accounts cover Massage Therapy, if you would like our trained insurance specialist to call and verify if yours may cover your massage today or any future massage visits PLEASE give your Insurance Card and Driver's License to our Office Assistant to make a copy before going on with the following pages.

Please Check Any of the Following You Have Had or Currently Have

Musculo-Skeletal

- Neck Pain/Stiffness
- Mid-Back Pain/Stiffness
- Low Back Pain/Stiffness
- Jaw Pain or click (TMJ)
- Joint Pain/Stiffness
- Difficulty in Excessive Standing, Sitting, Riding, Bending, Lifting, Twisting
- Shoulder Pain
- Hip Pain
- Vertebral Disc Rupture/Herniation Levels _____
- Arthritis

Nervous System

- Numbness/Tingling Pain in Buttocks, Legs, Feet, Toes
- Trouble Sleeping
- Under Stress
- Tingling Upper Extremities
- Dizziness
- Fainting
- Headaches

Cardiovascular

- Stroke
- Chest Pain
- History of High Blood Pressure
- Heart Problems
- Arteriosclerosis

Pulmonary System

- Asthma
- Chronic Obstructive Pulmonary Disease
- Chronic Bronchitis

Others

- Autoimmune Disorder
- Cancer
- Diabetes
- Fibromyalgia
- Menstrual Cramps

Areas of Discomfort _____

Rate Your Pain Today (no pain) 1—2—3—4—5—6—7—8—9—10 (severe pain)

Rate Your Pain at its Worst (no pain) 1—2—3—4—5—6—7—8—9—10 (severe Pain)

Have You Ever Experienced Discomfort Before Yes No If so, When _____

Have You Seen Anyone For This Discomfort Before Yes No Who _____
Diagnosis _____ Treatment _____

Do You Regularly Receive a Massage For Stress Relief or Rehabilitation? Yes No

If Determined That Massage Therapy Would Help Assist in Correcting Your Problem Would You Like more Information? Yes No

Do you have a preference in therapist? _____ Male _____ Female _____ No preference

Since, we are a health care clinic most of the massages performed in our office are therapeutic in nature. This type of massage uses a little deeper pressure in order to address some problematic soft tissue areas. In order to better serve you please read over the list of massages performed in our office and choose the type of massage you would like to receive today.

__**Relaxation Massage**— A light pressure massage, with very little therapeutic value (spa type treatment).

__**Deep Tissue/Sports**— A deeper pressure massage, focusing on knots, muscle tension, and stretching of tight muscles.

__**Cranial Sacral**— A light pressure massage that provides relief from headaches, neck and back pain, TMJ and more.

__**Carpel Tunnel**— A medium pressure massage that eases the symptoms of carpel tunnel syndrome.

__**Prenatal/Pregnancy**—Reduces pregnancy discomforts, facilitate and shorten labor times

__**Hot Stone**—Form of therapeutic deep tissue, the hot stones warm the muscles creating more blood flow to the muscles making it easier and more comfortable to work surrounding tissue.

__**Oncology**—Works with patients who are undergoing or recently underwent chemotherapy or radiation treatment.

****Any Patient receiving Massage Therapy in the office is required to give a 24 hour cancellation notice, for any scheduled massage appointment. If a 24 hour notice is not given, we reserve the right to charge a \$25 fee for the missed appointment, which will be due before the next massage is received.**** Please initial below that you have read

Initials _____